

2001 UNIFORM BUSINESS REPORT (UBR)

08-06-2001 90001 043 ***150.00

FILED P97000068365

01 OCT 15 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000068365			
1. Entity Name DREAM WEAVER UNLIMITED, INC.			
Principal Place of Business 203 DUNS DRIVE LAKELAND FL 33813		Mailing Address 211 DORIS DRIVE LAKELAND FL 33801 US	
2. Principal Place of Business 211 DORIS Drive		3. Mailing Address 325 DORIS Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
33813			
4. FEI Number 59-3461795		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
SIGNATURE <u>[Signature]</u> 7/14/01 Date			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MCCORMICK HERNANDEZ, LISA 211 DORIS DRIVE LAKELAND FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	325 DORIS Drive 33813 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/14/01 863-521-1338 Date Daytime Phone #	

CR2E034 (5/01)



DREAM WEAVER UNLIMITED INCORPORATED



202

Attachment
#P97000068365
A0080007

TO: Uniform Business Report Department

FROM: Dream Weaver Unlimited Inc.
Lisa Hernandez, Director

RE: Late Fee

I spoke with someone in your office and they suggested writing a letter as to why this payment is late.

You mailed this bill to my physical address instead of my mailing address. There is no mailbox at the physical location because of past problems with vandalism. For future mailings it will be best to mail to my home address:

Lisa Hernandez
325 Doris Drive
Lakeland, FL 33813

(I live on same street as I work)

I hope this clears up any confusion on why this payment is late and I hope thatt you will be gracious enough to waiver the late fee considering the circumstances.

I am enclosing a copy of last years payment showing the address that should have been used and a copy of the front of this years statement showing the incorrect address.

Thank you for your time and consideration into this matter.

Sincerely,

Lisa Hernandez, Director

325 Doris Drive
Lakeland, FL. 33813